



City of Rockford - Finance Department - Revenue
1st floor, City Hall, 425 E. State Street, Rockford, IL
815-967-6753

ALARM USER PERMIT APPLICATION

- ☐ **Residential**
☐ **Commercial**

For Internal Use Only

Customer No.: _____
Permit Number: _____
Expiration Date: _____

This application must be accompanied by the license fee of \$22. The undersigned hereby makes application for the issuance of a city alarm user permit and hereby certifies to the following facts:

Name of Applicant: _____ Date of Application: _____

Applicant/Billing Address: _____
Street City/State/Zip

Applicant Daytime Phone #: _____ Evening Phone #: _____

Email Address: _____ Tax ID: _____

Location of premises for which the permit is sought **if different from billing address above:**

Street City State Zip

Type of Business: ☐ Retail ☐ Manufacturing ☐ Hotel/Motel ☐ Education/Health Care ☐ Commercial

Business Name: _____ Phone Number: _____

Business Address: _____
Street City/State/Zip

If Commercial, date of last NFPA test _____

Type of Alarm System: ☐ Police ☐ Fire ☐ Medical (Check all that apply)

Company responsible for Monitoring, Maintenance / Repair _____

Address: _____ Phone Number: _____

List three persons, with their respective residence addresses and telephone numbers, who can be contacted and will respond to the premises in the event of an emergency, to reset or deactivate the alarm system, or could contact the alarm user if the alarm user is not at the protected premises:

	Name	Street Address	City	State	Zip	Phone Number
a)	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____	_____

Applicant Signature: _____ Date: _____

If you have any questions about filling out this application call 815-987-8077.